RXClaim - Green Screen Demo (Feb 5th)

In attendance, Ron, Angela, Heather and Seun

How do you get to the greenscreen?

The green screen provided is a sample of an Manually generated RxClaim.

Under the IBM Personal Communication, the AS400 A is for production. Another is for testing. That is how the RxClaim is started. Navigate through all the options down to the interface that shows all the attempts made. This screen has all the RxClaim in the database.

In a sample Claims information. The Medicaid claims information shows exactly where the components of the agency is made. The "paid amount" is the medicade allowed amount. It can pay less but not more.

In the claims transaction information, the lower number is selected automatically. Ron's question however is why then is the UC/W number the higher number rather than the lower number? No answer provided, could be for several different factors per Angela.

Anytime there is a resubmission, the COB number counts up. It starts from COB05 and up.

The user for example user "Z169754" is the individual that processes the claim.

When a claim is started, a blank screen is created. Then you selected a member.

On top right of greenscreen, there is the screen number, for example RCNCP\*\*\*B, and right underneath is the login ID, for example APPAD\*\*\*. Then you enter member number' Then all other fields is filled in.

Essentially, when you put the member # in, the fields are prepopulated by default. Whoever uses the system, and inputs and submit data will have their name embedded on the claim.

Ron also intends to speak with PBM IT group.

People using the EzTest PCN in production, whereas they shouldn't have been doing that. Trying to figure that…well, it is simply allowed.

Potential issues:

Some claims inputted into production by 2 identifiers weren't supposed to be inputted. For example RxClaim#: 210025047516000 submitted 01/02/21 seems to be problematic.

How the Navigation with system is carried out.

3-Manual claim, 5-thrid party, 1-medicad (say Yes) > Then you get screen Third Party Reimbursement.

In the Protocol Ctrl, if it is medicare, it is MEDDADV, while Aetna is AETADV.

You can put a PCN for a different client, but if the member is not under that client, it will be rejected.